

Education, freedom and profession

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In Europe the organization of work varies from country to country depending on whether liberal, regulated or with salary. Organization depends on the system of payment of medical services, the way of running general practice, the availability of equipment and the freedom or not to acquire new patients. In any European nation doctors are imposed in a compulsory way to associate and in any case of not having the possibility to choose the colleagues to work with.

With imposition we lose spontaneity, facilities and clinical skills. Aggregations imposition is called as justified by greater availability of time and the consequent decrease of inflow to the emergency rooms. Really, we know that people go to emergency rooms because of immediate access to specialists, access to diagnostics, lack of health system multiple passages, hypochondria, lack of confidence in general practice, the second opinion for a diagnosis of which we do not trust, etc. The emergency rooms have become first level clinics and gatekeepers to specialists and can provide, in most cases free of charge or at low cost, in short times, performances for which there are long waiting times. In fact, it is demonstrated that there is no decrease in the use of emergency rooms by patients of doctors working in integrated medicine groups.

The fact that general practitioners should adhere to the mandatory information system (computer network and information flows) of each region and the national information system and that they are essential conditions for access and the maintenance of the work convention this raises serious questions. Matters concerning the individual's private life are political matters, or are closely housework? With the Medical File, "politics" enters into the sphere of intimacy, the fact that private aspects fall within the administrative sphere through modules, recipes or prescriptions is now accepted as natural as if the body were not the most private property but the subject of bio-politics.

Growing daily prescriptive complications, difficulties in diagnosis indication, to extricate themselves, even with sophisticated computer systems between notes and codes, still prevent from care, increase the litigation with patients and take away resources from professional development. The influence of the huge bureaucratic component on the diagnostic and therapeutic decisions has increased the gap between the profession and the "administrative government"; decisions are guided by protocols coming from centralized decisional processes when the profession, by its nature, is based on decentralized decisions, personal, free and responsible.

The homogenization of a profession, more and more planned, prevents merit and frustrating the best prevents growth and confuses effectiveness with efficiency. Every doctor is unique despite the training, programs can only pass through a humanistic project that includes the abilities to relationship, respect for the talent and the profession of every doctor.

The autonomy, independence and freedom of a profession are not entities acquired by right but they are conquered and maintained thanks to the will and merit. Merit is the result of training and the result of a successful alchemy between talent and commitment and is the engine of freedom. Those opposed to education training, to professional development and a career based on merit are opposed to professional freedom and promote a kind of mediocrity. Those who think the professionals in term of "class" or "category" think in term homogenizing, all the same, but every medical procedure has an individual responsibility; there is the no responsibility of "the medical profession" or "category of family doctors", and every single act is merit or demerit of an individual who cannot disappear in limbo classification. No recognition of individual merit will limit freedom and is source of unhappiness. Talent without recognition has no value.

When merit and talent are the result of the location, the "work setting" and career, they are exactly the opposite to what should be done. This is so rooted in the common mentality that now the majority of doctors and patients believe that a hospital doctor knows more than a family doctor and that a university doctor knows more than a hospital doctor.

The training of family doctors is fundamental to freedom of the profession and for freedom of patients. We need a career profile, base on any criteria of academic selection. We don't have a meter to measure ourselves and the lack of judgment, apparently reassuring, opposite to what one might think, generates insecurity, powerlessness, underestimation and subjection. Besides training are also needed other things: the first one is the certainty of the role, we can find clearly described in WONCA – EURACT European Definition.

It derives from regulatory certainty, a clear awareness of location of Family Doctor's figure in primary care system. This means a definitively clear definition of competences towards specialties and against the bureaucratic system.

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